

Letters to the Editor

Adnexal localization of Crohn's disease and recurrent massive ovary cysts

Key words: Crohn's disease. Gynecological manifestations. Ovary.

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Dear Editor,

In a recent interesting case report, Saborit et al. (1) reported three cases of ovarian involvement in Crohn's disease (CD). In the first two cases, there were pelvic abscesses due to fistulae of ileal loops affected by CD, with involvement of the right ovary, which also showed abscesses and typical granulomas. In the third case there was an ovarian abscess, extension of the process by contiguity.

Granulomatous affection of the ovaries is rare, with only 18 cases reported in the literature to date (2). Of this, in 17 cases the proposed mechanism of disease manifestation is direct fistulization between the small intestine and the ovary, which allows passage of vegetable material and results in the formation of reactive granulomas. In only one case (3) a patient that did not demonstrate the histological features of either fistula-related disease (an intact ovarian capsule was found) or idiopathic granulomatous disease caused by the multiplicity of the granulomas and the presence of central necrosis has been reported. The authors therefore suggested that their findings were consistent with a diagnosis of metastatic CD of the ovary.

Case report

We present the case of D. M., a 24-year-old nulliparous woman affected by ileocolonic CD. She underwent surgery due to a multiloculated collection in the pelvic cavity and in the right iliac fossa, with removal of the right ovary and of a massive pseudocyst. At the histological examination, a granulomatous flogosis with an adnexal localization of CD (lacking a fistula tract and vegetable foreign matter) (Fig. 1) and multiple inflammatory pseudocysts were observed at the right adnexa.

In the following years the patient underwent multiple ultrasound guided percutaneous drainage and surgical resection of massive cysts of the left ovary.

Discussion

This is the second reported case of adnexal localization of CD without fistula tract and vegetable foreign matter and the first with associated recurrent massive cysts of the contralateral ovary.

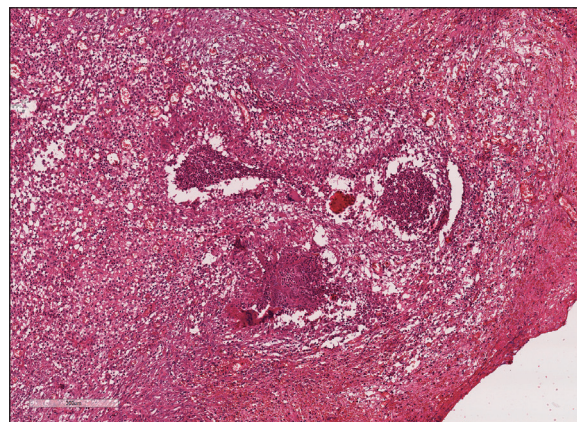


Fig. 1. Granuloma in the right adnexa.

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